

Please fill in the appropriate space cleanly using a No. 2 pencil or black ballpoint pen.

<Sample> Good ☒ Poor ☐ ☐ ☐

1. Gender ☐ Male ☐ Female

2. Age ☐ Under 10 ☐ 10-14 ☐ 15-19 ☐ 20-24
☐ 25-29 ☐ 30-39 ☐ 40 & up

3. Is this your first KOEI game? Yes ☐ No ☐

4. What motivated you to purchase this game? (You may choose more than one.)

- ☐ Magazine ad ☐ Magazine article ☐ TV Commercial
☐ Saw it at a store ☐ Recommended by salesperson
☐ Recommended by friend ☐ Saw the promotional demo ☐ Direct mail
☐ Newspaper insert ☐ Fan of the genre ☐ KOEI fan
☐ Liked the original ☐ KOEI website ☐ Other website
☐ Newspaper article ☐ Saw it at an event ☐ Billboard/poster
☐ Other ()

5. How would you rate this KOEI product?

	Great	Good	Average	Fair	Poor
Content	☐	☐	☐	☐	☐
Graphics	☐	☐	☐	☐	☐
Sound	☐	☐	☐	☐	☐
Control	☐	☐	☐	☐	☐
Game Speed	☐	☐	☐	☐	☐
Manual	☐	☐	☐	☐	☐
Package Design	☐	☐	☐	☐	☐
Voice	☐	☐	☐	☐	☐
Story	☐	☐	☐	☐	☐
Text	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

6. Which magazines do you read regularly? (You may choose more than one.)

- ☐ Official PlayStation®2 Magazine ☐ PSW ☐ Hyper
☐ Atomic ☐ Australian Personal Computer ☐ Ralph
☐ Other ()

Your opinion is important to us so that we may continue to make even better games. We hope that you continue to enjoy KOEI products.

Thank you for your cooperation.



NAME _____

ADDRESS _____

CITY _____

STATE _____ POSTCODE _____

E-mail _____

Name of the KOEI title you purchased:

Please give us your comments and/or opinions regarding this game and KOEI.

What kind of games would you like to see from KOEI in the future? (Please be specific.)

PLACE
STAMP
HERE

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